

17CV3445

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKRECEIVED
SDNY DOCKET UNITMichael J. Jones Jr

2017 MAY -8 PM 3:29

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Beth Israel Hospital**COMPLAINT**under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Michael J Jones Jr
ID # 344 17 02439
Current Institution O.B.C.C
Address 1600 HAZEN Street
East Elmhurst Ny 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 2 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 3 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

Beth Isreal Hospital

B. Where in the institution did the events giving rise to your claim(s) occur?

Beth Isreal Hospital E.B

C. What date and approximate time did the events giving rise to your claim(s) occur?

Approximately Between March 6th 2017
and March 7th 2017

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

D. Facts: I was brought into Beth Israel E.R. for Hot Coffee that was thrown in my face by a M.T.A worker. I told the Doctor treating me I was Suicidal and Homocidal. After discharging me without treatment she had a come speak to me about why and how I was feeling. Since I had a shopping cart full of clothing they thought I was homeless and treated me poorly. I was discharged without medical treatment for my mental state and because of that my goal was to hurt a police officer. I wanted to commit Suicide by a N.Y.P.D. that day on the same day I was force out of the hospital.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

SINCE I was not medicated I assaulted 3 N.Y.P.D. officers and I was assaulted multiple times by them. Even when they had me cuffed they continued to assault me

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☐ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☐

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☒ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

A.M.K.C and V.C.B.C

1. Which claim(s) in this complaint did you grieve? I was beaten by N.Y.P.D and N.Y.D.C

2. What was the result, if any? NONE, but I was moved from building to building

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

My grievance was never answered and each time I called 311 I was moved

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

I believe because the hospital did not medicate me and I assaulted these officers my treatment while incarcerated has ~~been~~ in complete violation, all my rights have been violated

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). _____

I am requesting to be compensated \$100,000,000.00 for my mental damage and neglect.

Also I want all my medical bills paid for in my medical history and I am also requesting sim-cell surgery for other damage.

VI. **Previous lawsuits:**

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No ☒

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ____ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 2 day of May, 2017.

Signature of Plaintiff

Inmate Number

Institution Address

Michael Jones
349 17 / 02439
O.B.C.C
1600 Hazen Street
East Elmhurst Ny
11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 2 day of May, 2017, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

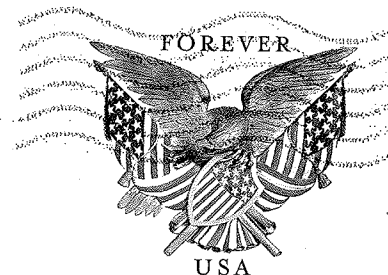
Signature of Plaintiff:

Michael Jones

El Jones
O 2439
ZEN Street
t. Ny. 11370

NEW YORK NY 100

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USMP3
SDNY

United States Courthouse
500 Pearl Street, Room 200
New York - Ny - 10007-1312

10007-131639

